Remarks/arguments

Claims 1-15 are pending. Claim 1 has been amended to incorporate the subject matter of claims 2 and 3. Claims 2 and 3 have been canceled. Claim 13 has been amended to correct a misspelling.

Rejections under 35 U.S.C. § 102

1. Claims 1, 4, 5 and 13-15 have been rejected under 35 U.S.C. § 102(a) as anticipated by Lintzeris et al., Drug and Alcohol Dependence, 2003;70:287-297. The Examiner contends that Linteris discloses treating withdrawal symptoms in heroin-addicted patients by titrating different concentrations of transdermal buprenorphine. Applicants respectfully traverse this rejection.

Claims 1, 4, 5 and 13-15 require administering transdermal buprenorphine. Lintzeris discloses sublingual, and not transdermal, administration. See, e.g., Lintzeris abstract. Thus, the claims are not anticipated and this rejection should be withdrawn.

2. Claims 1-3 and 15 have been rejected under 35 U.S.C. § 102(b) as anticipated by Fischer et al., Addiction, 2000;95(2):239-244. According to the Examiner, Fischer discloses a method of treating opioid-dependent pregnant women with transdermal buprenorphine. Applicants respectfully traverse this rejection.

Claims 1-3 and 15 require administering transdermal buprenorphine. Fischer discloses sublingual, and not transdermal, administration. See, e.g., Fischer abstract. Thus, the claims are not anticipated and this rejection should be withdrawn.

Rejection under 35 U.S.C. § 103(a)

Claims 1 and 4-15 have been rejected under 35 U.S.C. § 103(a) as obvious over Lintzeris in view of EP 0 432 945.

According to the Examiner, Lintzeris discloses treating withdrawal symptoms in heroin-addicted patients by titrating different concentrations of transdermal buprenorphine. The Examiner acknowledges that Lintzeris does not disclose subsequent buprenorphine

administrations. According to the Examiner, the '945 patent discloses a transdermal buprenorphine dosage form comprising 0.25-100 mg buprenorphine, which results in a blood plasma level from 0.6-6 ng/ml. The Examiner contends that it would have been obvious to dose the patients of the Lintzeris study with the constant stable transdermal formulation of the '945 patent because oral and sublingual dosages only provide immediate relief whereas transdermal dosage forms provide prolonged relief and reduce chances of relapse. Office Action, p. 5.

Applicants respectfully traverse this rejection. Claim 1, the only independent claim, has been amended to incorporate the subject matter of claims 2 and 3. Claims 2 and 3 are not anticipated (see above) and are non-obvious. Accordingly, amended claim 1 and the claims dependent thereon are not anticipated and are non-obvious. Thus, this rejection should be withdrawn.

Conclusion

To the extent necessary, a petition for an extension of time under 37 C.F.R. 1.136 is hereby made. Please charge any shortage in fees due in connection with the filing of this paper, including extension of time fees, to Deposit Account 500417 and please credit any excess fees to such deposit account.

The application is believed to be in condition for allowance. If any issues remain which may be addressed by a supplemental or Examiner's amendment, the Examiner is respectfully requested to contact the undersigned.

Respectfully submitted,

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